CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., Director

Weekly Bulletin

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. VIII, No. 31 September 7, 1929 GUY P. JONES EDITOR

Hygienic Conditions Important for School Building and Grounds

Parents should realize that the school building is the child's second home, and it behooves all of us to study and improve the surroundings of the child at school. The location of a school building is important. It should be so placed as to be readily accessible to groups of children. The dangers of traffic now have an important bearing on school location. There should be no nearby nuisances, such as railroads, abattoirs, factories, and similar conditions. The grounds should be well drained and the play area should be surfaced so as to be free from mud on wet days. In the grade schools there should be a minimum of 50 square feet of play area for each pupil, and additional ground space for gardens is highly desirable. Trees are not to be considered a necessity on the school grounds. They should never be near enough to the building to cast a shadow over the windows. Landscaping should, of course, be done if there is room, but this should not be given preference to the exclusion of playgrounds.

The exterior of the building should be planned to be as attractive as possible without interfering with the natural illumination of the rooms. No grade school should have more than three floors. Of course the building should be fireproof. The halls should be wide and have as much natural ventilation and illumination is possible. The exits from the building should be wide and it is very important that all doors in the building—in the rooms, in the halls, and to the outside—should *open outward.* The doors leading from the building should be equipped with automatic fool-proof devices which will open the door when pushed by any child. The reason for this is to prevent the piling up of children in case of panic. It is notable that in all the disasters of recent years in school buildings the great loss of life has been due to this piling up, either behind locked doors or in narrow stairways. The hallways should be well lighted and always have some natural illumination. The furnace room should have fireproof walls, ceiling and doors.

Pure drinking water should be available in all schools. Of course the drinking fountain is the sanitary way to provide drinking water for children. The fountain should never be located in toilet rooms; the corridor is the preferable location. One fountain to about 50 children is the best proportion. The type of fountain is very important. Many schools provide fountains which are as unsanitary as the common drinking cup. The only satisfactory fountain is the type which sends the water from the side of the bubbler and delivers the stream of water obliquely. Any fountain which permits the child to cover the bubbler with his lips is to be condemned.

If the proper drinking fountain can not be provided, then paper cups should be used. If the ready-made paper cups are too expensive, children can readily be taught to fold a paper cup. The public's abhorrence of the common drinking cup is well established and deservedly so.

Toilet and washing facilities should be of the best type and are to be kept in the best condition possible. It is necessary to teach the child to keep the toilet rooms as clean as the home bathroom.

When possible, wash bowls with hot water and a supply of liquid soap should be provided in every toilet room. One bowl to each 20 children is the minimum number. The bowls should be the proper height from the floor for children's use. Up to the present time the paper towel is the only satisfactory drying material available for schools.

If children are to learn the fundamental health habit of the proper care of the hands after going to the toilet and before eating, the lavatory facilities should be kept attractive. This requires the close attention of the teachers and janitor.

Of course separate toilet facilities should be provided for boys and girls. Few persons realize that there are actually at the present time schools in this country where boys and girls are forced to use the same toilets under unbelievable conditions.

Toilet rooms should be well ventilated and should be so situated that the sunlight will enter them during part of the day. Spotless cleanliness is the ideal. One toilet seat to every 15 girls and one to every 25 boys is the standard. It is unwise to use so-called disinfectants and deodorants. Cleanliness is the best deodorant and disinfectant. Soap and water are the best deodorants after all.—U. S. Public Health Service.

HIGH LIGHTS FROM SAN JOAQUIN HEALTH DISTRICT REPORT

The annual report of the San Joaquin Health District for the fiscal year ending June 30, 1929, shows the large volume of work accomplished by the district of which Dr. J. J. Sippy is the health officer. Among these activities, laboratory, crippled children, dentistry for children and venereal disease control are outstanding and abstracts of the reports for each of them are presented here:

LABORATORY WORK: During the fiscal year ending June 30, 1929, 12,048 specimens were submitted to the laboratory for examination. Of these 7227 or 60 per cent were submitted for diagnosis or guidance in treatment of disease. The other 40 per cent included 292 water analyses, 4520 milk samples and 9 sterility tests.

Of the 60 per cent, 510 specimens were for diagnosis of typhoid fever, 1947 for syphilis, 1768 for gonorrhoea, 10 for malaria, 1340 for diphtheria, 170 for tuberculosis, 7 for anthrax, 244 for Vincent's angina, 18 for meningitis, 13 for streptococcic infection, 4 for rabies, 3 for leprosy, 17 for intestinal parasites, and 27 for fungus infections. There were also included 5 examinations for occult blood or coagulation time, 1168 urinalyses and 27 unsatisfactory specimens.

CRPPLED CHILDREN'S WORK: At twelve clinics held during the year, examinations were made of 111 new patients entered. With 307 examinations of old patients the total was 418. Forty-one patients were referred to private physicians for treatment, 25 were hospitalized, and 21 referred for physiotherapy. Twenty-four brace patterns and 110 brace fittings or adjustments were made, and 90 casts were applied.

CHILDREN'S DENTISTRY: 7085 children were examined, given 6110 cleanings and 7445 other treatments. It is interesting to note that in this school work for a 5-year period, 66 per cent of parents of children between 6 and 12 years of age request examinations and treatments. 23.5 per cent of those examined had no cavities or were immune to caries. 76.5 per cent had cavities and received care as follows: 39.8 per cent permitted of immediate correction, 22 per cent were referred to the Emergency Hospital free clinic and 38.2 per cent referred to private dentists. 72,850 treatments during the five years consist of 39 per cent cleanings, 17.5 per cent extractions, 36.5 per cent fillings and 7 per cent other treatments.

During this period 35,196 children have been served at a total cost of $39,234.81, an average of $1.115 per child and 54 cents per operation. The value of service rendered on a very minimum fee estimate was $90,696 or $2.58 per child.

VENEREAL DISEASE CONTROL: During the year 941 suspects were examined for venereal infection and a total of 9332 treatments administered. This is average. For the five-year period ending June 30, 1928, 4681 suspects were examined and 2425 or 51 per cent designated for treatment, an average of 485 admissions per annum as against an average of 239 for all other clinics reporting to the U. S. Public Health Service. These infectious persons received 47,774 treatments or an average of 9549 per annum. Of 767 persons admitted for gonococcus infections in the five-year period, 477 or 62.5 per cent were classed as sub-acute or chronic and only 190 or 37.5 per cent as acute. Of the 62.5 per cent there was usual history of prior treatment by private practitioners until funds gave out, and 110 or 23 per cent gave history of self-treatment with drug store remedies. Of both syphilis and gonorrhoea only 34.7 per cent have been discharged as cured or noninfectious as against 43.5 per cent for other clinics reporting to the U. S. P. H. S.

TYPHOID AND MALARIA CONTRACTED OUTSIDE OF THE STATE

Many cases of typhoid fever and of malaria are contracted outside of California and the Division of Epidemiology has, wherever possible, traced the sources of such cases. Out of 76 cases of malaria reported last year 36 were contracted outside of California and only 7 cases were reported from districts in California where malaria is known to exist. The following table provides detailed information relative to these imported cases:

MALARIA—CALIFORNIA—1928

Number of cases reported	76
Number of cases in known malaria districts	7
Shasta County	
Placer County	
Colusa County	
Number of cases with infection contracted during traveling within California	5
Placer County	2
Sacramento Valley	3
Infected outside the state	36
Texas	5
Missouri	1
Arkansas	6
Kansas	1
Georgia	1
Florida	1
Tennessee	2
Indiana	2
Montana	1
Oklahoma	4
Philippine Islands	3
India	1
Mexico	2
Travelers:	
In Western State	1

From Detroit through Oklahoma	1
From Idaho	1
From Indiana	2
From Ohio	1

Case histories for 431 cases of typhoid fever out of 686 cases reported were obtained. Fifty-two of these cases were in travelers and 30 were in itinerant workers. Seventy-six cases were reported from the Delta region of the Sacramento and San Joaquin rivers. Histories of having been out of town during the three-week period prior to onset were obtained for 122 cases. Carriers were responsible for the infection of 95 cases out of 117 investigated by the State Department of Public Health and milk was determined as the source for 20 more such cases. The following table gives detailed information relative to cases of typhoid fever reported in California last year:

TYPHOID FEVER—CALIFORNIA—1928

Number of cases reported		686
Number of histories received		431
Investigated by state and sources found		117
Carriers	95	
Contacts	2	
Milk	20	
Cases in travelers		52
Source within California	17	
Source outside California	35	
Cases in itinerant workers		30
Cases from Delta region of San Joaquin County, Sacramento County, Contra Costa County, Solano County, Yolo County		76
Known contact cases		19
Cases with no history of having been out of town in which they lived within 30-day period prior to onset		175
Cases with history of having been out of town during 3-week period prior to onset		122

STATE DEPARTMENT EXHIBITS AT STATE FAIR

The California State Department of Public Health, together with other state departments, maintained an exhibit in the Educational Building Annex at the Seventy-fifth Diamond Jubilee State Fair. The exhibit consisted of a display set up by the Bacteriological Laboratory, another by the Division of Cannery Inspection, one by the Division of Mosquito Control and the Bureau of Child Hygiene. A large electrically illuminated map was used by the Bureau of Tuberculosis to exhibit the activities maintained in the control of tuberculosis in the various counties of the state. Daily demonstrations in the physical examination of infants were conducted, and large quantities of public health literature were distributed.

CITY OF HAYWARD TO ENTERTAIN HEALTH OFFICERS

The city of Hayward, through its mayor and councilmen, has extended an invitation to the health officers of California to hold their annual dinner at Hayward, October 9, 1929. The health officers will hold their annual convention in Oakland, October 7-11, as the Health Officers' Section of the League of California Municipalities, which league convenes in Oakland at the same time. The annual dinner of the health officers is a special feature, each year, of the regular convention program and the invitation of the city of Hayward, which is but 12 miles from Oakland, is accepted by the health officers as a most courteous gesture. Moreover, this invitation is not only a compliment to the health officers of the state but it provides the city of Hayward with the opportunity to honor Dr. F. W. Browning, who has served that municipality in a public health administrative capacity for more than a score of years.

The Hayward Chamber of Commerce, Business and Professional Women's Club and other civic clubs of Hayward are uniting with the councilmen in making elaborate preparations for the dinner which will be a "Garden of Eden" affair with many breath-taking surprises in store for those who may be so fortunate as to attend. The dinner will be held in the Masonic Temple at 1074 B street, where there are accommodations for 150 guests. Reservations, accompanied with remittance at $1.50 per plate, should be made at once with Dr. F. W. Browning, City Health Officer, Hayward, in order to insure attendance.

Following is the formal invitation of the Mayor and Councilmen:

To the Health Officers' Section
League of California Municipalities.
Fellow Members of the League:

The City Council of Hayward, Eden Township, Alameda County, desires to extend to your Section a most cordial invitation to enjoy your Annual Dinner in the "Garden of Eden" on Wednesday, October 9th, 1929.

The Chamber of Commerce, Business and Professional Women's Club and other Civic Clubs of Hayward join with us in assuring you of a most alluring evening's entertainment and social intercourse.

The bewitchingly pretty "Eves" will so beguile you with our blushing red apples that once again you will be sorely tempted in like manner to our ancient ancestor, the original Adam.

Assuring you of an enjoyable time,

Sincerely yours,

JOHN LEE WILBUR, Mayor.
F. J. CUNHA,
RUTH L. ROGERS,
LESTER PERRY,
A. E. MANTER, Councilmen.

MORBIDITY*

Diphtheria.

28 cases of diphtheria have been reported, as follows: Berkeley 2, Oakland 3, Fresno County 2, Alhambra 1, Compton 1, Los Angeles 4, Fullerton 1, Santa Ana 2, San Diego 8, San Francisco 4.

Scarlet Fever.

48 cases of scarlet fever have been reported, as follows: Berkeley 1, Oakland 6, Fresno County 2, Kern County 2, Bakersfield 1, Culver City 2, Los Angeles 5, Orange 1, Placer County 2, Colfax 1, Riverside 2, Sacramento 2, San Diego 2, San Francisco 8, San Joaquin County 1, Lodi 2, Stockton 4, Daly City 1, San Bruno 1, Palo Alto 1, Tulare County 1.

Measles.

23 cases of measles have been reported, as follows: Alameda 1, Berkeley 1, Oakland 2, Los Angeles 2, San Fernando 1, San Diego 1, San Francisco 5, Santa Clara County 10.

Smallpox.

19 cases of smallpox have been reported, as follows: Alameda 1, Berkeley 1, Los Angeles 3, Pomona 4, Riverside County 1, Riverside 2, San Luis Obispo County 7.

Typhoid Fever.

7 cases of typhoid fever have been reported, as follows: El Monte 1, Hermosa 1, Los Angeles 2, St. Helena 1, California. 2.**

Whooping Cough.

86 cases of whooping cough have been reported, as follows: Berkeley 14, Oakland 7, Richmond 1, Fresno 1, Alhambra 1, Arcadia 1, Glendale 2, Los Angeles 17, San Fernando 1, South Gate 1, Salinas 5, Anaheim 1, Orange 1, Santa Ana 1, Seal Beach 1, Plumas County 2, National City 1, San Diego 3, San Francisco 14, San Joaquin County 8, Santa Cruz 2, Benicia 1.

Meningitis (Epidemic).

3 cases of epidemic meningitis have been reported, as follows: Los Angeles 1, Sacramento County 1, San Francisco 1.

Poliomyelitis.

7 cases of poliomyelitis have been reported, as follows: Piedmont 1, Los Angeles 1, South Gate 1, Orange County 1, San Diego 1, Santa Clara County 1, Red Bluff 1.

Food Poisoning.

San Diego reported 13 cases of food poisoning.

Undulant Fever.

Banning reported one case of undulant fever.

---

* From reports received on September 2d and 3d, for week ending August 31st.

** Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

Disease	1929 Week ending Aug. 10	Aug. 17	Aug. 24	Reports for week ending Aug. 31 received by Sept. 3	1928 Week ending Aug. 11	Aug. 18	Aug. 25	Reports for week ending Sept. 1 received by Sept. 4
Actinomycosis	0	0	1	0	0	0	1	0
Anthrax	0	0	0	0	0	0	0	2
Chickenpox	42	43	35	24	34	40	46	25
Coccidioidal Granuloma	0	0	1	0	1	0	0	1
Dengue	0	0	1	0	0	0	0	0
Diphtheria	31	39	38	28	64	64	46	33
Dysentery (Amoebic)	1	0	6	0	1	2	2	2
Dysentery (Bacillary)	556	1	3	2	1	4	0	1
Encephalitis (Epidemic)	1	0	1	0	2	0	1	0
Erysipelas	8	7	7	9	25	9	14	7
Food Poisoning	0	20	4	13	5	1	3	0
German Measles	5	3	3	5	17	13	11	7
Glanders	0	0	0	0	0	0	0	0
Gonococcus Infection	93	94	115	96	114	163	121	98
Influenza	8	9	9	7	4	16	7	7
Leprosy	0	0	0	0	1	2	1	2
Malaria	5	1	3	2	1	0	3	0
Measles	18	30	23	23	11	4	12	19
Meningitis (Epidemic)	5	10	10	3	2	4	2	2
Mumps	98	115	95	90	61	51	36	25
Ophthalmia Neonatorum	0	0	1	0	1	0	2	0
Paratyphoid Fever	1	60	0	1	1	1	0	0
Pellagra	0	2	2	5	1	0	1	0
Pneumonia (Lobar)	24	25	21	11	29	22	22	14
Poliomyelitis	4	7	11	7	4	6	8	5
Rabies (Human)	0	1	0	0	0	0	0	0
Rabies (Animal)	9	7	12	8	19	12	15	5
Scarlet Fever	76	58	67	48	40	38	50	31
Smallpox	23	15	22	19	13	6	12	4
Syphilis	120	90	163	169	185	123	154	153
Tetanus	2	2	1	0	3	1	2	2
Trachoma	2	0	3	0	1	1	1	2
Tularemia	0	1	2	0	0	0	0	1
Tuberculosis	188	157	144	227	155	176	212	143
Typhoid Fever	18	29	21	7	27	22	26	44
Typhus Fever	0	0	0	0	0	0	1	0
Undulant Fever	0	3	2	1	0	1	1	0
Whooping Cough	154	126	161	86	146	188	136	122
Totals	1,492	955	988	891	969	970	949	757

Whooping cough persists in its prevalence.

Other respiratory infections are at low ebb.

Fortunately, epidemic poliomyelitis is not in great evidence this year.

One case of undulant fever was reported.

CALIFORNIA STATE PRINTING OFFICE

69536 9-29 4300